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**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
AIDS DIVISION  
GUIDELINES  
IN  
DRUG TREATMENT ADVOCACY  
2004**

**Introduction**

Drug Treatment Advocacy (DTA) is a critical component of the State of Connecticut's prevention clinical services for those living with and affected by HIV/AIDS. Established in the 1990s, the overarching goal of DTA is to help individual clients achieve a platform from which they can launch their recovery. To achieve that goal, DTA is designed to help Connecticut residents enter drug treatment facilities that will help them recover, reduce their risk of HIV infection and the risk to partners, and ultimately establish long-term recovery. More than seven Drug Treatment Advocates (Advocates) work with hundreds of Connecticut residents who suffer from substance use disorders. The stated mission of DTA is as follows:

*Statement of Mission*

*The mission of Drug Treatment Advocacy is to prevent the spread of HIV/AIDS virus through intervention and facilitation of clients into drug treatment programs that lead to recovery.*

There are three guiding principles implicit to the mission of DTA. These areas:

- ❖ *That clients can confide in Drug Treatment Advocates within a nonjudgmental environment.*
- ❖ *That confidentiality of clients is critical to effective intervention.*
- ❖ *That Drug Treatment Advocates hold a strong commitment to a client-centered approach that incorporates client's input.*

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The guidelines for best practices delineated in this manual are based on extensive knowledge regarding substance abuse and its risks to health and welfare. It is also developed with the extensive input of Drug Treatment Advocates whose intensive front-line experiences have shaped Connecticut's DTA program. To reflect the implicit and explicit messages of the mission statement and the guiding principles, this guideline is built upon a set of objectives critical to the DTA program. These are:

- ❖ *To educate clients about the effects and risks of substance use.*
- ❖ *To reduce the risk of HIV/AIDS infection from illicit and intravenous drug use.*
- ❖ *To increase the motivational level of clients to seek treatment by meeting their basic needs.*
- ❖ *To help clients eliminate health, social, and psychological barriers to treatment.*
- ❖ *To create a referral system for clients to various agencies for medical and behavioral health services; educational support for GED, ESL, and other educational advancements that lead to independence; job training and employment services; housing support; legal services; and other essential services that can lead to long-term recovery.*

### **Eligibility**

The DTA program is primarily designed to reach **all** Connecticut residents who are at risk for HIV. It is primarily targeted to those individuals who are using or addicted to substances that put them at risk for HIV/AIDS infection. Services are provided to all residents regardless of whether they have health insurance or not. Documented or undocumented citizens are also served by DTA.

In addition to these eligibility standards, Drug Treatment Advocates will work with clients to ensure that they meet eligibility standards for substance use treatment programs, primary care services, and support services such as housing, behavioral health services, and employment services.

### **Outreach and Recruitment**

Unlike the traditional model of outreach and recruitment programs where clients enter offices to seek services, the success of DTA is dependent on community-based outreach

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and recruitment that contains nontraditional approaches. Guidelines for outreach and recruitment include the following:

- Meet all clients where they are. Clients using and abusing substances are often in shelters, prisons, and other institutions, as well as living in homeless circumstances.
- Be proactive and creative. Motivating clients to seek drug treatment requires Drug Treatment Advocates to be visible, trusting, culturally competent, and sensitive to the many competing issues affecting client motivation to seek treatment.
- Be visible in the community. Drug Treatment Advocates who are visible in the community and who have built a reputation for trust, cultural competence, and nonjudgmental are quickly known in neighborhoods. Through word-of-mouth, community residents are quick to learn of the reputation of Drug Treatment Advocates who have good referral information, can be trusted, and are ready to provide support that motivate clients and the families helping clients to seek treatment.
- Motivate clients to seek treatment. Drug Treatment Advocates should help clients address crises that may impede admission to drug treatment programs. There are a number of studies that point to the cultural, social, legal, and psychological barriers to treatment for high risk clients. By building trust and visibility among high risk neighborhoods and high risk clients individuals can be motivated to seek drug treatment services.
- Establish strong community partnerships. Because clients need a host of support issues such as primary care, behavioral health care, legal support, housing support, employment training and job placement referrals to agencies with these expertise play an important role in the future sustainability of clients and in the goal of reducing risks to HIV/AIDS.

### **Case Management**

Case management begins at the earliest point in a consumer's recovery process using a standardized initial intake and assessment form. Once intake and assessment have established the client's treatment and services needs, DTA is designed to work with clients to develop a recovery plan that incorporates both short-term and long-term goals. The plan should be signed by both the client and the case manager. In addition, every case management session should include discussion of progress based on the recovery plan.

At a minimum, every case management session must document the following [See attachment A for sample form that your agency can adopt.]:

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- Client's clinical treatment or primary care progress. Because clients with substance use issues face a number of health and social services needs it is critical that case managers in DTA document all relevant information. Community partners providing support can operate more effectively for clients when records are complete.
  - Client's progress toward achieving short and long term goals. Because the first critical step toward sobriety is to set and ultimately achieve reasonable goals, case managers should use the setting and reviewing of the client's goals as a way to motivate and encourage maintenance and sustainability in substance treatment services.
  - All referrals for treatment, medical, social and other services. Because there is strong evidence that clients operate on the Prochaska Model of stages of behavior change that includes relapse (1983), referral to community partners who can support ongoing and successful treatment and can be crucial factors in relapse prevention is an integral part of successful drug treatment and ultimate reduction in HIV/AIDS risk.

Regardless of what form is used, documentation by the case manager is key to a client's ongoing success. However, because clients must demonstrate an ongoing commitment to the partnership for successful treatment, any changes in the treatment plan should be codified with the client's signature. Recognition—through a signature—of all changes in the treatment plan is a strong demonstration of client commitment to moving along the recovery continuum—even if relapse has occurred.

Case management, by definition, includes a wide array of services that can help clients maintain their recovery, reduce their risk to HIV infection, and establish a higher level of self-sufficiency. Among the most critical services a case manager can provide are assisting clients with medical and social service benefits; providing referrals and guidance on legal issues such as child custody; helping clients stabilize their lives with family and friends by linking them with the child support system and with individual or family counseling services; and, by offering clients insight that help them prioritize primary care, behavioral health, and social services needs.

### **Referral Standards**

Every DTA agency should have formal and informal agreements with a wide array of community agencies providing primary care and behavioral health services; legal services, housing support; basic education opportunities such as GED and ESL; and employment training and job placement services.

While there are no standardized client assessment forms or procedures, outreach and engagement processes should provide information that will help the Drug Treatment Advocate determine services that will enhance substance abuse treatment programs. Clients who are in need of more than substance abuse treatment include:

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Clients living in shelters.

Clients who are newly released from prison and are in need of transitional support services.

Clients with children who need support in primary care, educational support, or other child care services.

Clients whose language skills are nominal and who are in need of basic education may need ESL and GED services.

Clients who may need basic health screening; specific screenings for HIV, STDs, or Hepatitis; dental care; etc.

Clients who appear to have behavioral health issues.

Clients who are undocumented, or have lost eligibility for social services.

If Drug Treatment Advocates have gained the trust of clients and suspect that the client may have referral needs, a case manager may be brought into the engagement process to address the wide spectrum of issues serving as barriers to treatment. Both the DTA and the case manager should work jointly to provide services, referral, and follow-up management of the client. All client files should have complete documentation that at a minimum includes the following:

Client Name and ID	DTA Name	Case Manager Name	Type Referral Services*	Date of Referral Service	Status of Referral (Follow-up)

\* Type of Referral Services:

1. Primary Care, including dental and screenings
2. Behavioral Health Care
3. Legal Services
4. Housing Support
5. Family Services
6. Employment/Job Placement
7. GED
8. ESL

### **Follow-up Standards**

Because substance abuse treatment encompasses the need to motivate clients to sustain treatment services, follow-up is a key component of the work of Drug Treatment Advocacy. Follow-up should be done in two ways:

- Collaborating with the case manager, DTAs should be involved in case reviews team to determine the ongoing status of the clients.

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- Based on the progress defined in case review meetings, DTAs should attempt to conduct follow-ups on clients who may be at risk for relapse.

## **Record Keeping**

Effective reporting standards are premised on several fundamental requirements. First, confidentiality of client records must be the requirement of the Department of Public Health standards, as well as the federal requirements under HIPPA. Second, clients' records are critical for effective case reviews, ongoing referral, and follow-up. Finally, effective reporting is the cornerstone of tracking and surveillance of the progress toward recovery of clients with substance use disorders. The following standards will meet these fundamental requirements:

- Every client should be guaranteed confidentiality in compliance with state and federal requirements for confidentiality.
- All client files should include the following information—complete and updated with every client interaction.
  - Complete and accurate intake form.
  - Health risk and biopsychosocial assessments.
  - Legible progress notes of all interactions.
  - Referral forms.
  - Complete client service plan with the signature of client and case manager.
  - Consent forms, including release of information forms.
  - Attendance sheets of all services in which the client participated.
- Thirty to ninety (30-90) day follow-up should be conducted when feasible.
- Each program needs a discharge policy that could include:
  - A definition of what is an active and inactive client, as defined by the agency.
  - A definition of the elements that may constitute termination such as:
    - Death
    - Relocation
    - AMA (Against Medical Advice)
    - Medical care
    - Incarceration
    - Inactive for 90 days or more.
- All client data required by the State of Connecticut, Department of Public Health, URS data system should be entered on a timely basis.

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- All quarterly reports required by the State of Connecticut, Department of Public Health should be completed by the dates defined in the contract award.

### **Training and Certification**

Because of changing and emerging issues in substance use disorders, all staff in DTA should receive a minimum of annual in-service training. Training should cover new methods of treatment, new drug use, characteristics and side effects of emerging drugs, psycho-pharmaceutical issues, changes in modes of substance use, new methods in outreach, recruitment, case management, and follow-up, new administrative methods in client tracking and reporting, and other emerging research on illicit substance use. Training requirements can be achieved in the following ways:

- Annual core training by interactive computer software for staff members and supervisors is required for ongoing updates in the field of drug treatment advocacy.
- Fact sheets on drug treatment advocacy issues will be available through the HIV Evaluation Bank ([www.hivevaluation.org](http://www.hivevaluation.org)) and updated at least once a quarter.
- A Speakers Bureau will be maintained through DPH and made available quarterly at the monthly staff meetings of the DTA.

### **Supervision Standards**

As indicated earlier, the process of drug treatment advocacy requires nontraditional models of outreach, engagement, and case management. Largely, the primary responsibility of DTAs is to engage clients into substance abuse treatment programs that will increase their capacity to reduce their exposure to HIV/AIDS, one of the most deleterious effects of substance abuse, particularly intravenous injection of addictive substances. Meeting clients where they are, using a number of methods to engage clients, and motivating them into drug treatment, and working with community partners to ensure that all barriers to substance use treatment are reduced, may require approaches that include flexible hours, unusual and potentially unsafe working environments, and knowledge of a wide array of perhaps unorthodox approaches to help clients enter drug treatment. Nonetheless, maintaining close follow-up of client progress is critical to the long-term success of the program. Therefore supervision standards should address the following standards:

Hiring practices must take into account experience and education with a heavy emphasis on experience in the unique kinds of outreach associated with DTA.

- All newly hired DTAs must be oriented to the use of this guideline.
- DTAs must participate in regular case review meetings and report on the progress of clients.